



## **Advisory Board Annual In-Person Meeting**

***November 7, 2018***

**Meeting Start Time:** 1:15pm

### **Attendees:**

- ☒ Rosemary Hagevig (Board Chair) – *via phone*
- ☒ Gordon Glaser (Board member)
- ☒ Ron Siebels (Board member)
- ☒ Gordon Severson (Board member)
- ☒ Bob Pawlowski (Board member)
- ☒ Phil Hokenson (Board member)
- ☒ Brenda Shelden (Board member)
- ☒ Clinton Lasley (AKPH Division Director)
- ☒ Emily Palmer (AKPH Central Office)
- ☒ Megan Bauman (AKPH Central Office)
- ☒ Andy Carie (FPH Maintenance Foreman)

### **Agenda:**

#### **1. Division AOM Update:**

- A. Clinton – I'm wearing 2 hats right now, new Division Director as of Sept 8, 2018 (after Amanda Lofgren) and continuing to fill in as Administrative Operations Manager (AOM) until we are able to hire new person. We're holding open the AOM position until the election is over - if the new administration doesn't keep me as the Director, I'll step back into the AOM position (to avoid losing the Director and AOM at the same time and help continue all the hard work Amanda)
- B. Clinton – AOM update: AKPH runs a great operation, with good administration and care but poor business operations (which wasn't a problem while the budget was great, but definitely a problem now). Upon taking over it was my goal was to put together a spending plan and give Administrators the tools they needed to know how to stay in their budget (something they were never given before). The first year we had huge deficit, and when Amanda came on we worked to develop a 3 year strategic plan and a spending plan to account for the \$3.5m reduction in General Fund money that the legislature took away. The temporary solution was cutting positions and holding beds. In last 2 years we have been able to earn \$1.8M more than we had previously (finally earning most of the revenue that the Legislature allows us to). It's imperative that the Legislature not misunderstand and think we don't need more money – as that is NOT the case. We want to establish a methodology for rate increases (which is necessary to account for inflation, etc.) – currently our rates per month are: \$2,588 for Level I, \$4,692 for Level II and \$6,795 for Level III.
- C. Bob – How do we earn \$1.8M over our budget?



- D. Clinton – Great question, we have several income avenues outside of the General Fund, including Medicaid Waiver (where we made up some of that money), and Program receipts (payment from elders - where we made up the rest).
  - E. Rosemary – Before Amanda, Medicaid Waiver was not in the Division’s vocabulary – a huge breath of fresh air that Amanda and Clinton brought that in, so important.
  - F. Clinton – The problem was that the majority of Level III elders who couldn’t do private pay were not getting pushed to qualify for Medicaid Waiver – instead we were just paying for them straight from the State’s General Fund. We are now working to get the Level III elders on Payment Assistance that qualify for Medicaid Waiver on Medicaid Waiver– and that’s made a huge difference financially. The other way we were able “earn” more was by filling more beds (shortening the bed turnover rate).
  - G. Phil – What are qualifications for Medicaid Waiver?
  - H. Clinton – An elder has to require 24 hr care and can’t earn more than \$2,000 revenue a month. If they do, then they must form a Miller Trust Fund – which means State Medicare fund is beneficiary and the elder gets \$1,395 a month, with \$595 charged for room and board, and after death the rest goes to the Medicare fund as a pay back – and if the cost is less than the total money in there, the remaining balance will go to family (which almost never happens).
  - I. Rosemary – Is there still a backlog in assessment?
  - J. Clinton – It’s getting better. We met with them last year, and they have started moving through those a lot faster. We’re working on setting up a secure video conference system at AVPH and SPH to do assessments remotely and help speed up the process even more.
  - K. Jana – Was that medical director through VA?
  - L. Clinton- He is through Health Care Services, we are contracting part of his time. Overtime, we’re hoping he’ll fill in some of our medical directors as well. (We were required to have this position in order to meet the skilled nursing requirements for VA, as such we’re going to leverage this position to fill other division needs whenever possible)
2. Division Director Update:
- A. Clinton – At AVPH we are currently transitioning 12 beds to become “skilled nursing beds” (per VA standards) to receive an increase in VA reimbursement (\$107 over current \$42). Services provided will not change.
  - B. Jana – Will they still be Level III care?
  - C. Clinton – Yes.
  - D. Bob – Is that reimbursement directly from VA?
  - E. Clinton – Yes. Currently we’re receiving ~\$75,000 a month in reimbursement – with this skilled nursing qualification that will increase to ~\$120,000 (and that’s only for 12 beds).
  - F. Gordon S – The Medical director position, what is the other part of his job?
  - G. Clinton – We are contracted to have 25% of his time, and the rest will be with Health Care Services (a state agency). For us he’ll be taking care of the VA assessments for AVPH (part of



the VA stipulations) but overtime we hope to use him across the division in other capacities. His office will be in Anchorage, and with the secure video link at AVPH he'll be able to do the assessment remotely to maximize his time (instead of spending 2 hours driving for 30 min meeting).

- H. Phil – Are the veterans at AVPH dual eligible for VA and Medicare Waiver?
- I. Clinton – It is possible to be dual eligible, they just can't receive more than the \$2,000 revenue a month
- J. Gordon – Who receives the money first, VA or Medicare?
- K. Clinton – VA would get paid first, then Medicare.
- L. Clinton – In other Division news, we received ~\$75,000 in capital funds to set-up a special, secure complex behavior dementia neighborhood (9 beds), hopefully at APH. We are receiving pressure to take elders from API but we are not set-up for that.
- M. Rosemary – Has the target population changed?
- N. Clinton- No, API was just frantic for help and this is our only shot to get this right. Due to a lack of placement options, elders with complex behaviors are getting placed in jails, hospitals, and other places that they don't belong. Most of them could be easily helped and safely managed by just providing them a controlled environment that avoids their triggers. I have put together a work group with members from Alzheimer's organizations, the Ombudsman's office, the Mental Health Trust and others to help us develop this special complex behavior neighborhood to help meet this need. Our primary goal is to help meet the needs of the population at large while balancing the safety of our current residents and staff.
- O. Rosemary – Do we have a timeline yet?
- P. Clinton - Early FY20 is the target. There is much to accomplish, including add lifts, update the bathrooms to be ADA compliant, re-do the dining area and add a secure door. The plan is to start by accepting 1 or 2 elders at a time, getting everything settled and figured out before slowing adding more. As such, there's no way to know when we'll have all 9 beds filled.
- Q. Gordon S – Where in the APH will this be?
- R. Clinton- We're proposing the west side of the 1<sup>st</sup> floor of the South building. We are working with the city regarding an update to our permits.
- S. Bob – No structural changes to building, correct?
- T. Clinton – That's the plan. However we are currently struggling with the city regarding zoning, and an option that will not require seismic upgrades. In 2004 before API was built the Pioneer Homes were identified as a potential housing location for API residents. However, whereas the APH North building is zoned as "Institutional care level 2", the South building is zoned as "Residential" and therefore can't have any Level III elders. We don't know why the South building was zoned as residential. We meet with the city on Friday, and will talk about the various options available. We will also need to develop a definition of "complex behaviors" and who we will be willing to take (we are not a psychiatric institution). In conversations with the API director, he can only think of 3 elders that would be suitable for us.



- U. Jana – Is there a percentage of Level III that we can have?
- V. Clinton – I’m not sure.
- W. Rosemary – There have been previous arguments from DHSS commissioners that calling AKPH “assisted living homes” is a stretch because of the level III services we provide (we are unique in that). However, my question to them has always been – what else would you call us? They are better with us than in other places (based on what I’ve seen in hospitals, etc.).
- X. Clinton – AKPH has always been a safety net because many of the elders that we take aren’t accepted into other Assisted Living homes.
- Y. Gordon S – How will the wait list be affected with this new neighborhood?
- Z. Clinton – That’s part of what the Complex Behavior work group and I are figuring out - currently this level of elder is not defined in our regulatory directives. However, by regulation they will still have to be over 65 yrs old, and Alaska resident for 1 year prior. Only those elders who are qualified to be in this special neighborhood will be allowed in – as such, their presence on the waitlist shouldn’t affect the other elders on the list (as neither “type” of elder is qualified to be in the other’s neighborhood(s).
- AA. Rosemary – Certificate of Need process?
- BB. Clinton - Yes
- CC. Ron – The key to this will be keeping it “fair” like you said – that goes a long way in keeping residents and their families happy (who are vocal in voting, etc.).
- DD. Jana – Will there be specialized training for the staff in the complex behavior neighborhood?
- EE. Clinton – Yes, those staff would only work in that neighborhood. The state just did a class study and found that the psychiatric nurses weren’t competitive, so they received a 2 range pay increase. We’ve been yelling for years that Nurses and CNAs aren’t competitive, and the state is now finally doing a class study on them as well. We hope to hear the results by spring 2019. Although we’ve been told it’s not priority, we are also still working on trying to fix the unnecessary “minimum qualifications” issues that have been severely hindering our recruitment attempts.
- FF. Jana – Does the division have any eligibility for the SHARP program?
- GG. Clinton- No, we asked about that. However, with the new administration we are going to try again – along with many other ideas that were denied by the current administration.
- HH. Gordon S – Are the staff recruitment issues only at APH?
- II. Clinton – No, it’s at all of our homes. And FPH has been the worst – all the other medical fields in town are offering better salaries, signing bonuses, etc., and FPH can’t compete.
- JJ. Jana – Can you do an internship volunteer program to help get folks get the minimum qualification requirement of 6 months of experience for the Assisted Living Aide positions?
- KK. Clinton – We’ve been working with the University to expand the existing program set-up at Palmer to Fairbanks. Hopefully, the classes for that will happen this spring.



LL. Clinton – The Division’s last big project was the staffing analysis from this summer. The purpose was to have a 3<sup>rd</sup> party consulting firm take a look at our homes to help us figure out staffing and process efficiencies. The full report is due at the end of November, we’ve begun implementing some of the preliminary findings and will set-up a timeline to address the rest.

MM. Rosemary – The staffing analysis report will be an important piece of the transition plan for the new administration and should reflect well on the division regarding it’s alignment with the administrations vision.

NN. Clinton – Lastly, the division is working on setting-up an employee engagement process by the end of December. The goal is to help us do a better a job of training our staff to deal with certain problems and our hope is that will help with staff retention. The challenge in being a state division, is that unless our staff is in Anchorage or Juneau there really aren’t any training opportunities available, but it is our goal to find a way to do better by our folks.

### 3. Tour of the Fairbanks Pioneer Home - *Completed*

#### 4. Rebuild vs Renovation Discussion

A. Andy – FPH opened in 1967 and in 1973 an addition was built (included the Homestead, Aurora and part of the Moosewood neighborhood) that increased the size to current 60,000 sqft. Building is now 51 years old and at crossroad decision to either build new or renovate the old. Alaska’s senior population is sky rocketing and there’s an increase in those with dementia and we’re seeing those changes in FPH. We have level I and II beds that go vacant, never Level III but most of the folks who need beds on the waitlist are Level III and/or need dementia care but we don’t have beds for them (whereas often end up with Level I and II beds open). At the time of original construction, the building codes only required the roof load to be 30lbs per square foot but new codes call for 50 lbs per square foot. In winters with lots of snow we have to monitor the roof load very closely for safety purposes. At 51 years old the plumbing and heating systems have reached end of life and will need to be replaced regardless.

i. Bob – Fairbanks is known for permafrost issues, does FPH have any issues with that?

ii. Andy – No. The building is on 20-40ft pilings so never have settling issues. The building itself is in good shape, except for the roof and the plumbing/heating.

B. Andy – There are 2 schools of thought on the rebuild vs. renovate discussion:

i. Option 1 – expand the dementia care Homestead neighborhood by 11 rooms (by taking over some of Moosewood). Amanda also had a companion idea to stop admitting Level I elders (as they have an easier time finding facilities than Level II and IIIs + there are other facilities like Raven’s Landing that are actually a better deal for them).

- Problem: Increased staff (thus an increased budget). FPH has struggled with staff shortages for the past year (already down 4 nurses, 14 CNAs, 2 housekeepers and 4 activities ALAs). Recruiting CNAs has been exceptionally difficult.

- Problem: The Moosewood rooms are NOT conducive for Level III care (i.e. can’t fit a bed through the door, bathrooms aren’t ADA complaint, small rooms are



extremely difficult to maneuver manual lifts in, etc.). Everything would basically needed to be gutted and rebuilt.

ii. Option 2 – Build a new facility

- C. Andy – The deciding factor of which option to take will depend on where the state wants to go with the Pioneer Homes – does it want to keep the Homes or transfer it over to private industry? If the state wants to keep the Pioneer Homes, I would favor building new rather than renovating the old.
- D. Jana – Thinking new land/new building or new building same spot?
- E. Clinton – The state owns the 16 acres that FPH sits on, so there's enough room to build another facility while keeping the current building open and running. Then when the new facility was ready, the elders would simply migrate to the new building (thus eliminating disruption for current elders). When FPH was originally built in the 1960s it was more a retirement home (target audience was far younger and who required minimum help). Our elder demographic now is much different – residents are in their mid-80s, in wheel chairs and/or require substantial help. The question the state has to answer is what's the better dollar for dollar deal for them - build new or try to renovate the old. Trying to renovate the old would probably cost more than starting from scratch.
- F. Jana – How do the narrow hallways and doorways meet fire code?
- G. Andy – FPH has 13 minutes to evacuate, and we are not currently able to make that. Almost every resident here has some form of dementia, and thus requires some form of prompting.
- H. Jana – What about bed ridden residents?
- I. Andy – We only have one currently, and we are able to squeak him out of his room
- J. Rosemary – Are we taking action on this item today?
- K. Clinton – With the new administration coming in, we need to start feeling out if they willing to host this and, if so, then take action.
- L. Bob – It sounds like we need to figure out the following:
  - i. What's the cost per square foot to renovate the existing building to make ADA compliant and energy efficient?
  - ii. What's the cost per square foot to build the same thing new?
- M. Bob – If you can get us this information we can use it to talk to legislative members, etc.
- N. Clinton – This is a 5 year project before break down. Now is the time to start having conversations with key legislative members and to start looking for possible funding solutions (i.e. is there way to turn FPH into a veteran home? It's a military town so it probably wouldn't be hard to keep the 75% veteran resident requirement and that would provide additional funding for this project.
- O. Bob – As the advisory board, we need to encourage the state to look at federal options to help supplement.
- P. Ron – To be the most effective, I think we need to go into the legislative session with a position statement.



- Q. Rosemary – I agree that we need a resolution for a position statement, the most organized we can be will maximize our chances. I'm not sure if the Fairbanks community would go for a veterans home designation – doesn't that rule out more non-veterans as potential residents? I am also very concerned with the snow load issue.
- R. Gordon S – We should look into building another state veterans home from the ground floor up under VA requirements (verses retrofitting an existing facility like we did with AVPH). Feel like this option would go over better now than it would have previously.
- S. Rosemary – With the land already available, there are lots of arguments to build new.
- T. Clinton – Is there a way to meet the state veterans home aspect (to utilize federal funding) with a "campus model" or does it have all be in the one building?
- U. Bob – Another possible funding source is the Denali Commission. It's under new leadership and it's designed to be a funding source, they might be a perfect place for obtaining the research money for this project.
- V. Rosemary – What's the timeline for legislature funding for them?
- W. Bob – A good 12 months at a minimum (based on the federal fiscal year and then coming into legislative session 4 months later). They are a good vehicle for funding the planning side of this project – they also have expertise in Alaskan engineering to help design a new building that would meet Fairbanks' unique environmental and energy needs.
- X. Clinton – In regards to the earlier question about what AKPH's percentage is of veterans – at the end of Aug 2018 it was almost 30%. FPH had 13 of those vets. There are various levels of veteran certification possible– so we might not have to go to the full 75% requirement. Under AKPH regulations all vets would continue to have to be 65+.
- Y. Bob – How about repurposing the existing FPH building after the transition? Are there other needs for this kind of building?
- Z. Andy – Not sure, though there is certainly potential. The state could use it as office space or sell it. If you're going to have a Pioneer Home close by, you'd have to be careful with how it was repurposed.
- AA. Clinton – With facilities owned by DHSS, they either give it to the city so the state doesn't have to pay for demolition, or they give it to another agency. There's all kinds of options; however, the existing building would still have all the same roofing, plumbing, heating and non-ADA compliance concerns regardless of what agency owned it.
- BB. Jana – Do we know the forecasted demographics of the Fairbanks population?
- CC. Clinton – I have some state-wide demographics I'll give you tomorrow.
- DD. Andy – That would definitely be something want include in a submission to the legislature.
- EE. Clinton – I suggest that the board put forward a recommendation to explore funding sources for a study? To include a look at all 6 homes for the cost of rebuild vs. replacement and include population demographics
- FF. Gordon – I make a motion to do what Clinton said (I'll work with Clinton to come up with language and submit to Board).





GG. Ron - I second that motion.

HH. Rosemary – I recommend that it only be a “one-pager”, a talking point paper to help us have informal conversations with legislative members.

II. Clinton – I agree. My staff will put together a staff and submit it you to and you can go from there

JJ. Ron – It’s important to get the legislative members thinking about these issues now; while these may not be an emergency currently, it will be at some point and we don’t want them to say “why didn’t you tell us about this”

KK. Clinton – I agree

LL. Jana – Can we table the determination of it being a one-pager, a position statement, etc. until we finish reading through Andy’s material? How about come back to it at 8 – 8:30am tomorrow?

MM. All – Agreed.

NN. Rosemary – Lets call it a “Draft” and enable it to stay a working document to allow us to do more with it. Perhaps we start with doing a walk-through of FPH with the Fairbanks delegation before they go to Juneau?

OO. Jana – It could be a lunch, where we talk a little and then take them on the tour?

PP. Clinton – The sooner the better. I will be coming back to Fairbanks in mid-December, so that might be an opportunity and that would give Rosemary a chance to come up with me. Regarding the one-pager - we’ll get something drafted up to review in the morning.

QQ. Clinton – One nice thing about a new administration is that they are always looking for new things to champion.

RR. Rosemary – And this would be something positive that they could hang their hat on.

SS. Bob – Going back to the rebuild vs. renovate study one-pager – if we do the study on all 6 of the homes (verses just FPH), we run the risk of the Legislature wondering why keep the Pioneer Homes at all of the buildings are such a huge financial issue. It might be better to only focus on one home at a time.

TT. Rosemary – Excellent point.

UU. Clinton – JPH was the last home to be build, and that was 30 years ago. I like the idea of the new FPH being a model we could eventually take to the other 5 homes.

VV. Bob – Design build is key.

WW. Ron- New construction has a far greater life expectancy than renovation. Another positive aspect on our behalf is that all the legislative members have the potential of needing a facility like the Pioneer Homes in their future.

XX. Andy – Governor Walker’s father lived in APH. I agree with Rosemary that we have to be very careful in how we word the one-pager – to make sure the legislature doesn’t misunderstand and think these are safety issues, as they are not – they are just challenges. I don’t feel the building is unsafe, it’s just a challenge. We monitor the snow load (we have a max of 35 lb/square inch)





if it were to ever get to that point we'd just put snow blowers on the roof and clear the whole roof. We have never been concerned about the roof collapsing but we are worried about the roof leaking (it's way past its life expectancy).

#### 5. AVPH Roof Update

- A. Phil – Alaska Veterans Advisory Council unanimously voted for to put forward a resolution to legislature for AVPH roof replacement. \$685M was federally allocated this year for veterans homes so perfect time to ask for federal support of AVPH. This would be a 65% federal/35% state matching grant. Also had some discussions on replacing the whole building instead (if more cost effective, similar to the FPH discussion) – please share any thoughts you have.
- B. Bob – It doesn't look like there's a prospective roof sized listed in this draft resolution?
- C. Phil – Correct, we asked AVPH but they haven't gotten it to us yet.
- D. Clinton – We can get the estimated cost and square footage to you from Facilities in the next couple of days.
- E. Rosemary – Are there any federal timelines for this and does this Board need to take any action?
- F. Phil – I'm looking into the details regarding timelines, etc. We will meet in Juneau during session (typically in February) and we're looking to discuss it with legislative members then.
- G. Rosemary – We can talk to Senators Murkowski and Sullivan (as they are both on veteran commissions) to help us get in a better position.
- H. Ron – we can talk to Nathan Burgerbess in DC.
- I. Bob – Jason Suschlavitch in Senator Sullivan's office and Greg Caplin in Senator Murkowski's office would be good contacts for this. I can talk to Jason.
- J. Ron – I'll talk to Greg.
- K. Rosemary – Ron and Phil, do you mind doing some initial research on loose timelines and what is needed to move this forward to the federal level? We can also reach out to Bob Silversen, he did a lot of work on this while he was the Pioneer Home Board Chair.
- L. Gordon G. – He's on ACOA board, we can make him available.
- M. Bob – What does this board think about making a companion resolution in support of the Alaska Veterans Advisory Council resolution?
- N. Clinton- My staff can get pertinent information from Facilities quickly (estimated cost, square footage, how long it's been on the deferred maintenance list, etc.).
- O. Gordon G. – If you send me the resolution, I'll get that on ACOA agenda.
- P. Bob – We can the draft the technical info + the timeframe it's been looked at in our companion resolution, so that the Vet resolution doesn't have to change. We can do this resolution via email and teleconference for approval, correct?
- Q. Rosemary – Yes.



Division of Alaska Pioneer Homes  
Advisory Board  
P.O. Box 110690  
Juneau, AK 99811-0690

6. Advisory Board Report and Review

A. Division staff to make below updates to the Annual Report and submit for final review to the board by 11/15/2018.

i. Changes:

- Correct Phil & Gordon G expiry date
- Add in active list redundant applications back in
- Add in "includes current residents, deaths and discharges" to page 4 of elders served
- Add in the inactive waitlist numbers to each home + determine with Clinton the proper verbiage and numbers to use
- Replace Vet Admin with "Us Department of Veterans Affairs"
- Replace several pictures with diverse ones

Meeting Recessed: 5:21pm (Ron moved, Jana seconded)

-----

***November 8, 2018***

Meeting Start Time: 8:15am

Attendees:

- ☒ Rosemary Hagevig (Board Chair) – *via phone*
- ☒ Gordon Glaser (Board member)
- ☒ Ron Siebels (Board member)
- ☒ Gordon Severson (Board member)
- ☒ Bob Pawlowski (Board member)
- ☒ Phil Hokenson (Board member)
- ☒ Brenda Shelden (Board member)
- ☒ Clinton Lasley (AKPH Division Director)
- ☒ Emily Palmer (AKPH Central Office)
- ☒ Megan Bauman (AKPH Central Office)

Agenda:

7. November 7<sup>th</sup> Meeting Debrief

A. Previous day action items

- i. Ron to talk to Greg at Senator Murkowski's office (AVPH roof)
- ii. Bob to speak with Jason at Senator Sullivan's office (AVPH roof)
- iii. Clinton to review the bullet points of the AVPH roof companion resolution with board

B. Clinton - Review of the Draft AVPH roof companion resolution (does not include the board's recommendation yet):

- i. List of FPH facts
- ii. FPH History



- iii. Current resident facts (75% on active waitlist is Level III and ADRD)
- iv. Current Building Challenges
  - FPH 51 yrs old
  - Rooms not conducive to Level 3 needs (too small)
  - Bathrooms are outside rooms, and some not ADA compliant
  - No ceiling lifts and doorways are narrow making it hard to fit manual lifts thru
  - Room furniture is built-in at 51 yrs old and in poor condition
  - Building mechanical, electrical and plumbing at "end of life"
  - Roof load does not meet current building standards
  - Home does not meet Leadership in Energy and Environmental (LEED) design
- C. Jana – Recommend looking up the stats on the amount of work time lost due to staff injuries from lifting + injuries to patients. Ceiling lifts are NOT a luxury, they can significantly reduce OSHA claims and time lost to injuries.
- D. Clinton- Agreed. This is applicable division wide, we can build it into staffing analysis. Wall and ceiling lifts are becoming more economical and gives more mobility to the elder.
- E. Gordon G. – In a major rebuild would we want to stay with the Eden model or move to the greenhouse model (especially if it would be mostly Level 3 elders)?
- F. Clinton – We’ve looked into that and there are challenges with having different Homes utilizing different models, however there is room to incorporate greenhouse design features in.
- G. Gordon G – The Rasmuson Foundation is a potential resource to tap into (they funded a Level 2 planning and organization study previously).
- H. Clinton – Step 1 will be developing the one-pager and locating funding sources for the study.
- I. Rosemary – The Fairbanks delegation will have a leading role in the legislature so need to meet with them ASAP.
- J. Clinton – This one-pager still needs a board recommendation.
- K. Rosemary – I think the recommendation is to request resources for an immediate planning study (from the perspective of the building issues + potential funding sources). One pager should include the land asset and the health, safety and health of staff and residents.
- L. Clinton – We will put together a draft statement and send to the Board via email for review, edits and finalization.
- M. Bob – Recommend including Alaska preference (as this a great opportunity to employ current and future Alaskans, and that is a strong selling point).
- N. Clinton – Regarding our discussion to potentially make FPH a second veterans home – I spoke with Rich (APH Administrator) and got some good information on VA needs across the state. There is not currently a facility in Alaska that is "VA Skilled" – as that would need to be a custom built facility (vs. renovation of existing). This type of facility would include rehab, etc. and nationwide runs a rate of \$400 - \$500 a day (Alaska would be a little higher). It would also qualify for the federal 65%/35% state match grant. A separate building could be added to help deal with the 75% veteran requirement. If we are going to be rebuilding anyway and the VA is interested (would get us the beds needed and serving a population that is not currently be



served) this might be a viable option. However, VA was primarily looking at this in SE Alaska first.

- O. Rosemary – Any possible federal dollars would be a plus for the discussion with State legislature.
- P. Jana – Any opportunity to collaborate with the feds for Indian Health Services?
- Q. Clinton- Potentially, we are exploring that idea for the Sitka Home's renovation as there is a 25% Indian/Native Alaskan population there.
- R. Bob – I recommend doing a separate one pager to discuss veteran expansion (65%/35% matching grant) with the legislature.
- S. Clinton – Lets volunteer Phil to help us put together a separate one-page resolution for building a complementary veterans facility.
- T. Clinton - We can get the FPH rebuild vs renovate one-pager out to the board next week.

#### 8. Staffing Analysis Review

- A. Clinton – As a brief history to this analysis, in spring 2018 we looked for funding to analyze staffing across the division to help us best utilize our facilities across the state and maximize services to elders. We developed 3 different staffing models (see page 2 of the handout for details) – for current operations (“status quo”), for Phase 2, and for long term. Agnew::Beck was selected as the contractor. To help ensure this was done as unbiasedly as possible (more “third party”), we partnered with the Alaska Mental HealthTrust to fund the study and to be the one to contract with them. Agnew::Beck visited all 6 homes, had meetings with all the leadership and management teams, conducted anonymous surveys with ALL staff, and generated a report of their findings. In September they developed the models, in October they reviewed the models and the reports with us + the Home administrators (review for data discrepancies, etc.) and in mid-November they will submit the final report to us. This was a very aggressive timeline but that was to ensure we could have it finished in time for the new administration. The handout provided is only a summary of the current draft report – the more detailed information will be in the large final report due to us on November 26.
- B. Board reviewed the “Staffing Analysis Summary Presentation” handout. Recommendations (based on plausibility):
  - I. Demographics, Bed & Occupancy Summary:
    - Remove Unduplicated Active Waitlist Relative (not worth it)
    - Add in graph to show turnover rate
  - II. ADRD Residents: Change to show age group by decade
  - III. Staffing Ratios: Fix FTE graph to read “Residents per Ancillary FTE + Admin”
  - IV. Financial Impact Analysis: Add increase bed count
  - V. Staffing Levels by Scenario: Ensure numbers match PH employees Direct Care slide
- C. Clinton – A December meeting is planned with the Home Administrators to develop a plan for implantation of analysis recommendations
  - I. Advisory Board recommends a 6 month update on implementation progress



9. Advisory Board Report Recommendations Work Period

- A. Jana – What are the minimum qualifications for the Home Administrators?
- B. Clinton – Minimal, they are politically appointed. There are Administrator 1s and Administrator 2s, we are working to more clearly distinguish them. I am currently asking for a transition plan
- C. Ron – We have 6 great administrators.
- D. Rosemary – Are they politically exempt and if so are we in danger of losing any?
- E. Clinton – They are partially exempt and none have been asked to submit a resignation at this time.
- F. Bob – We need to invest in training for all employees to improve retention and grow our own “career ladder”
- G. Jana – Can we build in a requirement for Administrators? That will become more important as level 3 services increase. It’s an opportunity for professional growth.
- H. Clinton – We are working on funding for a staff development/trainer employee to implement: mental health training, ways to build a career ladder, administrator training, ADRD training, etc.
- I. Brenda – Emphasizing how that will help with recruitment and retention, especially in light of the higher acuity of residents will be important in fighting for that funding.
- J. Gordon – Tracking recruitment and cost turnover will also help aid in the fight
- K. Clinton – We have started the exit interview process and will be filling a vacant Central Office position to help track some of this data
- L. Annual report recommendations:
  - i. Facilities:
    - Conduct repair vs rebuild feasibility study for FPH
    - Replace AVPH roof
    - Review/advise deferred maintain list at all 6 Homes
  - ii. Operational:
    - Staffing analysis recommendations implementation
    - Baseline “minimum qualifications” adjustments
    - Reduce time of recruitment to job offer
    - Continue efforts to increase funds given authority for
    - Explore options to increase services (re: veteran opportunities)
    - Support 9 bed complex behavior neighborhood (look at feasibility to develop at other homes)
    - Career/employee training (staff development) to meet changing needs of residents
    - Stand ready to implement efficiencies
    - Stand available to discuss progress made on these points
    - Direct them to Phil’s 1 pg complementary VA facility resolution (to be developed)
    - Division wide management plan



- Include progress made in transferring qualifying folks to Medicaid Waiver
  - M. Ron – Request that we run the board recommendations by the home administrators to ensure we are not forgetting anything major.
  - N. Each Board member will deliver copies of the board report to every legislative member in their area prior to session (especially Senator Micchici and Kevin Meyer, as they were huge advocates to Pioneer Homes last year).
    - i. Clinton – I can provide Rosemary funding to fly one board member down to Juneau to help her deliver copies and begin introductory conversations
  - O. Bob – State statute says that we meet 2x a year?
  - P. Clinton – We haven't had the budget to do 2 for a while, but in FY20 I am willing to add in a budget item to include a spring meeting in the Palmer area (where most of the board members already are) that will enable us to also tour the newly opened APH complex behavior neighborhood + still have a fall meeting.
10. Open Resident Meeting with Public Comment (*in person + conference call*)
- A. Conference Call Info: (800) 315-6339, Access Code 54784#
  - B. Clinton – Welcome to all, thank you for attending. The Pioneer Homes are your home and we are the guests. We want to hear your opinions, thoughts and ideas about how to make the Pioneer Homes better!
  - C. FPH Elder 1 (Pat) – We need more activities and more activities staff (the activities director position is empty and there's only 1 or 2 activity staff left). We used to have great activities but now there is hardly anything.
  - D. Clinton – Thank you for sharing that. We've been having difficulties in hiring folks and are working on figuring out why the staff turnover is so high. Also looking at wages to see if we can pay nurses and CNAs more. Activities are extremely important and we're going to put even more of a focus and commitment here at FPH to get that situation fixed. We are also working on developing a mentorship program for staff.
  - E. FPH Elder 2 (Rita) – My husband Pat voiced my concerns over lack of activities and no chance to get out of the Home. We also need better Veteran recognition for the veterans here at FPH, there are a lot but they are never recognized on Veterans Day, Memorial Day, etc. And we only want nice people to work here!
  - F. Ron (Board member) – If you can prioritize a list of the activities you'd like, get it to Angie (Administrator) and the Pioneer Home Advisory Board will help you!
  - G. FPH Family Member – Request for wifi at FPH.
  - H. FPH Elder 3 – What is the working definition of "pioneer" (as in this is a Pioneer Home)?
  - I. Clinton – That's been a big question and we think that is any person who has contributed to this state to make it a better place (pilots, teachers, oil field workers, etc.). The definition needs to change as society changes.
  - J. Gordon G – Do you have a definition of "pioneer" that you'd like to share?



- K. FPH Elder 3 – No, but I will think about it
- L. Bob (Board member) – My wife was born in Anchorage and has roots back to the 1890s here and my kids are 5<sup>th</sup> generation Alaskan. Are they true pioneers? No, but they think are!
- M. Jana (Board member) – As time goes on (and society changes), it's looking at the spirit and mindset and aging with dignity and overcoming the challenges of living in Alaska. A pioneering spirit as it were.
- N. FPH Elder 3 – I don't figure a guy whose been sitting on a bar stool for 30 years is a pioneer (and there's a lot of those around).
- O. FPH Elder 4 – It costs a lot to take a cab to go shopping. It would really help for someone to take us shopping more often than 1x a month (when we might not have money vs. during those times we do).
- P. FPH Elder 5 – During the 1x a month shopping trips, they don't take the folks with power chairs and they get left out. That needs to be fixed! And I don't understand how it can take folks 5 years to get into this Home who have been here 50 years, only to discover the Home isn't full??!
- Q. Clinton – Our goal is to change that, with a target of maintaining 95% occupancy. We were having to leave beds vacant because we didn't have the staff (or the budget) needed to fill all the beds. It's not fair for folks to wait longer if there's no need.
- R. FPH Elder 5 – Request a revamp of the waitlist process.
- S. FPH Elder 4 – Why doesn't everyone pay the same rate? And how do they get assigned rooms?
- T. Clinton – We provide 3 levels of service and each one has its rate set in state regulations. As of 2017, Level I is \$2,588 per month, Level II is \$4,692 a month and Level III is \$6,795 a month. So the rate is based on a resident's care needs and NOT on who they are or how much money they have. We also have payment assistance to help anyone who needs it. We do an assessment at the time of entry to determine initial level of care and then as needed thereafter as a person's needs change.
- U. FPH Resident 6 (Josephine) – I don't often attend meetings because I can't hear or see very well, I should see a doctor but I don't want to ask.
- V. FPH Elder 4 – You need to make folks understand why they are Levels 1 – 3.
- W. Clinton – Yes, it definitely sounds like we need to do better at letting folks know when their rates change and why, as well as any room change that may occur with that.
- X. FPH Elder 4 – Why can't a person stay in their same room?
- Y. Clinton – We are currently looking at ways to make that happen.
- Z. FPH Elder 4 – Some of the bathrooms were renovated but some people still can't get into them even after the changes made.
- AA. Clinton – thank you for your input, we can't do this without you and your feedback!
- BB. Rosemary (Board chair)– Yes, thank you – it is so important for us to know who you are doing and your thoughts on how we can make FPH better as this is YOUR home.
- CC. FPH Elder 3 – Is there any federal involvement at FPH?





- DD. Clinton – This is a state run facility, but some residents who qualify can get extra help from Medicare Wavier (but only limited elders qualify and we’re working with those folks to let them know).
- EE. FPH Elder 6 - I would like to see more young kids come in to visit (play music, dance, etc.)
- FF. FPH Elder 2 (Rita) – My husband and I had a different experience than others. We came in at Level 1 and the waitlist was long but feels like the rooms are getting filled as fast as possible.
- GG. FPH Elder - Worried about current administration and potential cuts

#### 11. Debrief

- A. Clinton – Any additional thoughts on staffing analysis or other topics?
- B. Bob – “Strategic Pathway” is a good word to use in reference to the staffing analysis; and whatever the scenario, always link it resources.
- C. Clinton – We will also be working to develop a strategic management plan to implement the analysis results.
- D. Clinton – We are also in the process of conducting interviews to get the bottom of the 50% turnover rate that FPH has been experiencing, which is not ok and profoundly impacts residents in a negative manner (including activities as we heard earlier).
- E. Brenda – In my tour of AVPH, it appeared that lots of residents and staff were more comfortable with a lift, which increases resident quality of life and reduces staff injury. Especially considering how short staffed FPH is (and that it takes 2 staff to transfer a person), is there any value in discuss that now as an option?
- F. Clinton- Not at the moment, we don’t have the funding for it (\$15,000 apiece). However we are looking at different ways to increase our revenue, including looking at outside funding options that could help – which having good national data and AVPH data would really help be a selling point to the legislature.
- G. Rosemary – Does AVPH have any OSHA data?
- H. Gordon G – Also, Workman’s Comp data. For a while, the APH had such a high staff injury rate that it was actually statistically safer to the work at the jail. Think we’ll see the data show a decrease in injuries after the additional of the lifts.
- I. Clinton – These are all excellent ideas, however, I have to remind myself that I only have an 8-person Central Office who are already over-tasked. As such, if any of you already know where to get this data if you could send it our way that would be immensely helpful.
- J. Gordon G – Please let the FPH staff know that we are trying, so even though they might not see an immediate change, we are working hard.
- K. Clinton – Absolutely, I will be conducting a staff meeting here at staff change (~2/day) to discuss this topic, and I’m also planning on sending out a hard copy letter to all 600+ employees to communicate that they are important, that we care and that we are working on various ways to make things better.



Division of Alaska Pioneer Homes  
Advisory Board  
P.O. Box 110690  
Juneau, AK 99811-0690

- L. Rosemary – Include that the Board is 1000% behind them, please just hang in there and be patient with us.
- M. Clinton – Rosemary, thank you for your great leadership and to all of the board members, I believe this is the best face-to-face meeting we've ever had.
- 12. Adjourn
  - A. Motion to adjourn by Jana, seconded by Gordon S
  - B. Meeting adjourned at 2:15pm

Distribution via email:

Division:

Clinton Lasley, Division Director ([clinton.lasley@alaska.gov](mailto:clinton.lasley@alaska.gov))

Emily Palmer, Social Service Program Coordinator ([emily.palmer@alaska.gov](mailto:emily.palmer@alaska.gov))

Megan Bauman, Administrative Assistant ([megan.bauman@alaska.gov](mailto:megan.bauman@alaska.gov))

Pioneer Homes Advisory Board Members:

Gordon Glaser ([mensch@acsalaska.net](mailto:mensch@acsalaska.net))

Rosemary Hagevig ([rosemaryhagevig@gmail.com](mailto:rosemaryhagevig@gmail.com))

Gordon Severson ([gordon@ptialaska.net](mailto:gordon@ptialaska.net))

Phil Hokenson ([phil.hokenson@gmail.com](mailto:phil.hokenson@gmail.com))

Jana Shockman ([Janetta.Shockman@Providence.org](mailto:Janetta.Shockman@Providence.org))

Bob Pawlowski ([cptbob@gci.net](mailto:cptbob@gci.net))

Ron Siebels ([ronakph@gmail.com](mailto:ronakph@gmail.com))

Brenda Shelden ([brendaptatc@yahoo.com](mailto:brendaptatc@yahoo.com))